

## Request for Review of a Substantiation

To request review of a substantiation, please fill out this form accurately and completely. Incomplete forms cannot be processed. **Please print everything but the signature.**

If you recently received a letter informing you about the substantiation decision, read it carefully. It may include information about how much time you have to request a review.

### Contact Information for Person Substantiated

Last Name		First Name	Middle Name
Other Names Used			
Mailing Address		City/Town & State	Zip Code
Date of Birth (mm/dd/yyyy)	Daytime Phone (include area code)	Email Address	

### Parent/Legal Guardian of Person Substantiated

If you are the parent or legal guardian of a child or adult who is the subject of this request, please include your information below.

Last Name		First Name	Middle Name
Daytime Phone (including area code)		Email Address	

### Signature of Person on Registry / Parent or Guardian

_____ Signature	_____ Date
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#### Mail your completed form to:

Vermont Department for Children and Families  
Commissioner's Registry Review Unit  
103 South Main Street  
Waterbury, VT 05671-2401

## Request for the Expungement (removal) of your Name from the Child Protection Registry

To petition for the removal of your registry record, please fill out this form accurately and completely. Incomplete forms cannot be processed. **Please print everything but the signature.**

**Is this petition for expungement employment related?** ☐Yes ☐No

### Contact Information for Person Substantiated

Last Name		First Name	Middle Name
Other Names Used			
Mailing Address		City/Town & State	Zip Code
Date of Birth (mm/dd/yyyy)	Daytime Phone (include area code)	Email Address	

### Parent/Legal Guardian of Person Substantiated

If you are the parent or legal guardian of a child or adult who is the subject of this request, please include your information below.

Last Name		First Name	Middle Name
Daytime Phone (including area code)		Email Address	

### Signature of Person on Registry / Parent or Guardian

_____ Signature	_____ Date
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#### Mail your completed form to:

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